

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001504

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

449

Primary Registration District No.

1002

Registrar's No.

449

STATE FILE NUMBER

FILED FEB 8 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 32 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1624 CORRINGTON		d. STREET ADDRESS (If outside, give location) 1624 CORRINGTON	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Clarence Andrew Cole			4. DATE OF DEATH Month Day Year Jan 23 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-28-1893	9. AGE (last birthday) 69	10. IF UNDER 1 YEAR Months Days Hours Min.
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER			11b. KIND OF BUSINESS OR INDUSTRY OLD AMERICAN ROOFING		
12a. BIRTHPLACE (City and state or country) ATHERTON, MISSOURI			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JACK COLE			13b. MOTHER'S MAIDEN NAME MYRTLE JOSEPHINE COLE		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of war) YES WWI - U.S.A.			15. SOCIAL SECURITY NO. [redacted]		
16. INFORMANT Mrs. Myrtle J. Cole, 1624 Corrington, K.C. Mo.			Address		

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		3 years	
DUE TO (b)		10 years	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 1954 to Jan 23 1963 and last saw him alive on Jan 22, 1963 Death occurred at 1:22 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R.H. Boyd, Jr. MD		22b. ADDRESS 9529 Inman Road		22c. DATE SIGNED 1-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-26-1963		23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	
23d. LOCATION (City, town, or county) INDEPENDENCE, MISSOURI		23e. DATE RECD. BY LOCAL REG. 1-24-63		23f. REGISTRAR'S SIGNATURE Ruth Long	
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

R. H. Boyd, Jr. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 2-32

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address

J. T. Crowell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.